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UNCLAS SECTION 01 OF 03 HO CHI MINH CITY 000855

SIPDIS

SENSITIVE

STATE FOR FOR CA/OCS/ACS/EAP; EAP/EX; EAP/BCLTV;  
STATE FOR OES/STC (M.GOLDBERG); OES/IHA (D.SINGER AND N.COMELLA)  
BANGKOK FOR RMO, CDC, USAID/RDM/A (MFRIEDMAN)  
STATE PASS HHS  
USDA FOR FAS/PASS TO APHIS  
DEPARTMENT OF DEFENSE FOR OSD/ISA/AP FOR LEW STERN  
USAID FOR ANE AND GH (DCAROLL, SCLEMENTS AND PCHAPLIN)  
DEPT PASS TO AID  
AMEMBASSY ROME PASS TO USMISSION FAO

E.O. 12958: N/A

TAGS: [EAGR](#) [ECON](#) [AMED](#) [TBIO](#) [CASC](#) [PGOV](#) [SENV](#) [SOCI](#) [VM](#) [AFLU](#)  
SUBJECT: AVIAN FLU IN SOUTHERN VIETNAM

1. (SBU) Summary: Experts in southern Vietnam have begun to prepare for the possibility of an avian influenza (AI) outbreak during the cool season of December-February by focusing on poultry biosafety and vaccinations. ConGen contacts report that the Ministry of Agriculture and Rural Development has ordered 20 million doses of poultry vaccine from China and the Netherlands and began inoculating chickens and ducks with these doses in August. In addition, the Department of Health of Ho Chi Minh City (DoH HCMC) is addressing human health concerns by attempting to increase its supply of Tamiflu. Currently, the DoH HCMC has a disaster plan that is limited to administering anti-viral drugs to a maximum of 1,000 persons infected with AI, which is generally assumed to be insufficient by international standards. Challenges for local authorities include the implementation of the poultry vaccination program and enforcement of biosafety measures in the selling and production of poultry, particularly in outlying areas. Vietnam's ability to implement the poultry vaccination campaign will serve as a good barometer of its ability to handle this potential health and economic crisis. End Summary.

ADDRESSING THE VIRUS AT ITS SOURCE: TREATMENT OF POULTRY  
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2. (SBU) ConGen contacts report that Vietnam has addressed the problem of avian influenza in poultry by culling and is now undertaking a nationwide vaccination program. More than 42 million birds, or approximately 17 percent of Vietnam's poultry population, have been culled. Authorities have also extended a ban on duck hatcheries at least until early 2006. Several poultry vaccines have also been tested. Based on the results of the vaccine tests, Department of Animal Health (DAH) Vice Director Pham Chung reported to EconOff that the Ministry of Agriculture and Rural Development (MARD) will begin the nationwide vaccination program in southern Tien Giang and northern Nam Dinh provinces. The inoculation effort will focus on waterfowl, with a range in size from large hatcheries to backyard poultry ranchers.

3. (SBU) According to the Southern Representative Office of the Department of Animal Health (DAH), MARD has conducted a survey of poultry from 20 provinces across southern Vietnam, with sample sizes ranging from 1,000-2,000 birds each. Preliminary results indicate that approximately 60% of birds show AI antibodies, suggesting that at some point these birds had been exposed to the virus.

4. (SBU) The DAH explained that the MARD AI vaccination program in southern Vietnam began in August. In July, the GVN ordered nearly 20 million vaccination doses from China, and another 2 million from a Dutch company, Intervet. DAH claimed that the vaccines will be free of charge, although Deputy General Manager Nguyen Huu Tin of Intervet reported that Intervet's vaccine would be sold to the larger foreign owned hatcheries (such as CP, Cargill, and Japfa). The vaccination campaign -- which involves a course of two injections -- will focus on domestic ducks and three types of poultry: parent stock, layers and broilers. Parent stock and layers have longer life expectancy, so they are of primary importance. The vaccination of ducks is significant because they can carry the virus without displaying symptoms and therefore shed the virus for a longer period of time.

5. (SBU) The issue of which vaccine to use has been a source of some contention and confusion. Beyond the two sources of vaccine for Vietnam noted above, the U.S. company Merial also produces a poultry vaccine, but MARD has declined to use this drug although the reasons are unclear. Intervet has also raised questions about the quality of its Chinese competitor's vaccine and reported that Intervet has been unable to find any data about the Chinese vaccine's effectiveness. The cost of the Chinese vaccine is 200VND (0.0125 USD)/dose, while the Intervet vaccine costs 780VND (0.0494 USD)/dose.

PROTECTING AND TREATING HUMANS  
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16. (SBU) In addition to fighting the virus at its source, authorities in southern Vietnam are working to better protect and treat humans. The Pasteur Institute in HCMC has been designated by the Ministry of Health as the institution responsible for the surveillance and control of infectious diseases in southern Vietnam, including AI. According to the Pasteur Institute, during the first 6 months of 2005, ten people were diagnosed with AI in the south and all ten died (with the last death occurring in February). (Note: During the last few weeks, there have been 3 more deaths from AI in the South. End Note.) Districts are required to report any flu-like cases to their respective provinces, which in turn submit these standardized reports by fax to the Pasteur Institute. Currently, these reports are submitted weekly, but during times of epidemic the reports are submitted daily. In order to step up surveillance, the Pasteur Institute recommends more AI surveillance points at the district level. The World Health Organization (WHO) established four such centers, the Centre for Tropical Diseases (Ho Chi Minh City), Pediatric Hospital No. 1 (Ho Chi Minh City), General Hospital in Khanh Hoa Province and General Hospital in Dak Lak Province.

17. (SBU) HCMC has developed an interagency task force and procedures to address small- to medium-sized outbreaks of AI in humans. The task force, organized by the HCMC People's Committee, is headed by a Vice Chairman and includes representatives from the fields of public health, agriculture, the market management board, animal health, and the police. The task force meets twice a month to evaluate, suggest and implement policies aimed at combating avian flu. Vice Director Dr. Le Truong Giang of the HCMC DoH acknowledged that while HCMC has a strong grasp on the conditions in the central districts, outlying districts are harder to control. Currently, DoH HCMC has three contingency plans based on the size of an outbreak of AI in humans, one for 10-30 patients, a second for 100-300 patients, and a third for 500-1,000 patients. HCMC is currently ill-equipped to effectively cope with an outbreak larger than 30 patients for several reasons: the inability to isolate patients, a lack respirators, and the scarce quantity of Tamiflu doses to treat AI sufferers. HCMC has 10,000 doses of Tamiflu, enough for 1,000 people taking two doses a day for five days. Dr. Giang is hopeful that HCMC will have additional Tamiflu, in a powdered form, by October. DoH HCMC is interested in increasing the level of preparedness at local levels, but lacks experience and resources.

18. (SBU) Comment: The nationwide poultry vaccination program marks a first step in a proactive versus a reactive approach to combating avian influenza. Vietnam's ability to implement this program will serve as a good barometer of its ability to handle this potential health and economic crisis. Key areas of concern include the need to increase stores of Tamiflu vaccine in case of human epidemic; educate the public and convey policy decisions, particularly in outlying areas; control the production and sale of poultry; and enforce compliance with culling directives. The current compensation of 15,000 VND (just under USD 1) per culled bird is approximately 50% of the bird's market value and takes three to five months to reach farmers, creating a disincentive for farmers to comply with government orders. Public health safety is further hampered in southern Vietnam by the inability of HCMC DoH to handle outbreaks of more than a handful of patients, and by the lack of resources to expand surveillance in high-risk areas such as the Mekong Delta. End Comment.

WINNICK